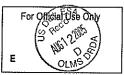
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

| | 1 / 1 / 2004 Through: 12 / 31 / 2004 | | | | | |
|---|---|--|--|--|--|--|
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | | | | | |
| Name Donald F Copley | Name International Association of Fire Fighters | | | | | |
| | Labor Organization File Number 000-317 | | | | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any Suite 300 | | | | | |
| | 1.0. Dox, Building and Room Number, if any Sulte: 300 | | | | | |
| Street 1711 Dove Point Ct. | Street 1750 New York Avenue, NW | | | | | |
| City Vienna | City Washington | | | | | |
| State Virginia ZIP Code + 4 22182-1872 | State District of Columbia ZIP Code + 4 20006-5395 | | | | | |
| 5. Position in labor organization. Comptroller | | | | | | |
| | | | | | | |
| Enter appropriate data below if, during the past fiscal year, you or your spou | se or minor child directly or indirectly had any of the following interests | | | | | |
| | (except as specified in the exclusions set forth in the instructions): | | | | | |
| A. Held an interest in, engaged in transactions (including loans) with, or demonstrary value from an employer whose employees your organization. | erived income or other economic benefit of n represents or is actively seeking to represent. | | | | | |
| Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | | | | | |
| Name | | | | | | |
| Trade Name, if any: | | | | | | |
| P.O. Box, Bldg., Room No., if any | | | | | | |
| 1.0. Dox, Diug., Nooiii No., ii aliy | 7.b. Amount. | | | | | |
| Street | | | | | | |
| City | | | | | | |
| | | | | | | |
| State ZIP Code + 4 | | | | | | |
| Signa | | | | | | |
| 15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyir undersigned's knowledge and belief, true, correct, and complete. (See the sect) | (0.000 monte) has been everyingd by the signature and in this to the time. | | | | | |
| and Cale | | | | | | |
| Signed Mall & My | On 8/15/2005 (202) 824-1520 | | | | | |
| ~ | Date Telephone Number | | | | | |
| Form LM-30 (2003) | | | | | | |

| Name of Person Filing Donald Copley | File Number U- | | | | | |
|--|--|-------------------|--|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | | | | |
| 8. Name and address of Business (including trade name, if any). Name Amalgamated Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 15 Union Square City New York State New York ZIP Code + 4 10003-3378 | 9. Business deals with: a. Labor Organization b. Trust c. Employer | | | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealir | ıa. | | | | |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any | Banking service | | | | | |
| Street | 11.b. Approximate dollar value | e of such dealing | | \$28,422 | | |
| City Carlo C | 12.a. Nature of interest held or income received. | | | | | |
| State ZIP Code + 4 | Please include this information on my report which was inadvertently left off. Holiday Gift-Liquor | | | | | |
| | 12.b. Amount. | | | \$46 | | |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | | | | | | |
| Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | | | | | |
| Name | | | | | | |
| Trade Name, if any: | | | | Anna Carrier State of the Carr | | |
| P.O. Box, Bldg., Room No., if any | | | | Andrew marry magnity of some inquiry | | |
| Street | | | | Antonio, 11, spe | | |
| City City | | | | Mary Andrews | | |
| State ZIP Code + 4 | | | | \$ my man and a second a second and a second | | |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. | | | and the second s | | |

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